

Riley County-Manhattan Health Department
2030 Tecumseh Road, Manhattan, KS 66502
(785) 776-4779, ext. 278

**APPLICATION:
PLAT APPROVAL**

Log #	_____
Date rec'd	_____
Client #	_____ Enc # _____
Plat Fee	\$50.00 _____
Lots	\$10.00 (per lot) _____
TOTAL:	_____

Name of Platt/Addition: _____

Legal Description (copy may be attached): _____

Name: (Land owner or contact person): _____

Present mailing address: _____
(Street) (City) (Zip Code)

Home Phone _____ Cell Phone _____ Work Phone _____ Date of Birth: _____
(statistical purposes only)

Size of Plat: _____ acres Number of Lots: _____	Minimum Lot Size: _____ Maximum Lot Size: _____
Type of proposed sewage treatment: Private: _____ Septic tank & lateral field _____ Waste stabilization pond _____ Other (Describe) _____ Public: _____ Central collection system (Please print name of name of system) _____	Type of water supply: _____ Private (Individual wells) _____ Public (Please print name of public water supply) _____ Has public water service provider granted approval for connection ____ Yes ____ No

Please attach the following documentation:

- 1. Copy of plat, showing
 - A) Location of utility and road easements;
 - B) Existing structures, wastewater disposal systems, and wells;
 - C) Boundaries, including acreage of lot(s);
 - D) Land uses of adjacent properties.
- 2. Percolation and soil profile data on each lot (If using private wastewater disposal system)
- 3. Documentation of water availability and quality

I hereby certify that the information on this application is true and correct to the best of my knowledge and belief.

Date _____ Signature of Applicant _____

Preliminary plat proposal completed this _____ day of _____, _____.

(Health Officer)